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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19529

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2481

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 606 WEST 39th STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 59 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 606 WEST 39th STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MISS LOTTIE ELIZABETH HARVEY

3. (b) If veteran, name war NO — 3. (c) Social Security No. NONE

4. Sex FEMALE — 5. Color or race WHITE — 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife — — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased SEPTEMBER (Month) 1 (Day) 1855 (Year)

8. AGE: Years 89 (Month) 9 Days 8 — If less than one day ___ hr. ___ min.

9. Birthplace SULPHER SPRINGS (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation RETIRED TEACHER

11. Industry or business JAMESPORT, MISSOURI

FATHER
12. Name WILLIAM HARVEY
13. Birthplace (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name ELIZA J. WILSON
15. Birthplace HENRY COUNTY (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant MISS LIDA ELLEN HARVEY
(b) Address 606 WEST 39TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-11-1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ELMWOOD CEMETERY

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 6-11-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9TH year 1945 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 28, 1945, to June 9, 1945; that I last saw her alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Syncope due to Cerebral Anaemia. — Duration ?

Due to Sclerosis & Albuminuria of long Standing. — ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. H. Zeilinger (M.D. ~~or other~~)
Address 311 Argyle Bldg Date signed 6/11-45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed N C Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address N C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.